

-----FOR RENEWALS ONLY-----
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:			
Date Filed: / /		Annual Fee	
Basic Fee		\$ _____	
Additional Disp Rm Fee		\$ _____	
Total Lic Fee Collected		\$ _____	
Publishing Fee Collected		\$ _____	
Required Attachments Received		Yes <input type="checkbox"/>	
Advertising Dates(2 wks): _____			
Hearing Date: / /			
Local Licensing Number: _____			
For the license term: / /			
Month Day Year		Month Day Year	
Through: / /			
Month Day Year		Month Day Year	
A copy must be immediately forwarded to: State of Wyoming Liquor Division 6601 Campstool Rd. Cheyenne WY 82002-0110			
Applicant: _____		Trade Name (dba): _____	
Premise Address: _____		Premise Address: _____	
City State Zip		City State Zip	
Mailing Address: _____		Mailing Address: _____	
Number & Street or P.O. Box		Number & Street	
Business Telephone Number: <u> 6 </u>		Business Telephone Number: <u> 6 </u>	
Fax Number: _____		Fax Number: _____	
E-Mail Address: _____		E-Mail Address: _____	
LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.			

FILING IN <input type="checkbox"/> CITY OF MILLS	TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE) <input type="checkbox"/> RETAIL LIQUOR LICENSE <input type="checkbox"/> on-premise only (Bar) <input type="checkbox"/> off-premise only (Package Store) <input type="checkbox"/> combination on/off premise (Both) <input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT <input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <input type="checkbox"/> BAR AND GRILL	To Assist the Liquor Division with scheduling inspections: DO YOU OPERATE? <input type="checkbox"/> FULL TIME (e.g. Jan through Dec) <input type="checkbox"/> SEASONAL/PART-TIME (specify months of operation) from _____ to _____ DAYS OF WEEK (e.g. Mon through Sat) HOURS OF OPERATION (e.g. 10a - 2a) _____
<input type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)		

Minimum Purchase Requirement:

RETAIL: ☐ (ON PREMISE ONLY) ☐ (OFF PREMISE ONLY) ☐ (COMBINATION ON/OFF PREMISE)

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? ☐ YES ☐ NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? ☐ YES ☐ NO
W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS Pursuant to W.S.12-4-102(a)

1. Location of License:

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10' x 12' room in SE corner of 1st floor of building). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: W.S. 12-4-102(a)(i): (Please submit a drawing of dispensing room- please include room dimensions)
29' X 35' ROOM IN N HALF OF BLDG BASEMENT

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☐ NO If yes, provide description and location:

(d) Provide the legal description and the zoning of the site where the applicant will conduct business:
BLOCK 39, ZONED EB

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?
(If yes, submit a drawing of the changes in the dispensing room.)
a) Do you anticipate any changes in the next twelve (12) months?
☐ YES ☐ NO ☐ YES ☐ NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

a) **DATE** lease expires: ____/____/____, located on page ____, paragraph ____ of lease document.

b) Provision for **SALE** of alcohol or malt beverages located on page ____, paragraph ____ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

a) Gross sales figures and percentages of income derived from:

Gross Sales: \$ _____ (\$ _____ %)

Food Sales: \$ _____ (\$ _____ %)

Liquor Sales: \$ _____ (\$ _____ %)

b) Did you attach a copy of your valid food service permit to this application. ☐ YES ☐ NO

W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term)? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

b) Do you self distribute your products? ☐ YES ☐ NO

c) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

DO NOT LIST PO BOXES			Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other State in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
True and Correct Name	Date of Birth	Residence Address, Street, City, State & Zip			
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)					

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director.

DO NOT LIST PO BOXES				No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
True and Correct Name	Date of Birth	Residence Address, Street, City, State & Zip	Residence Phone Number				
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)							

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, TWO (2) Corporate Officers or Directors, except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S.12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Dated this ____ day of _____.

Applicant

THE STATE OF WYOMING

COUNTY OF _____

} SS.

Applicant

Subscribed and sworn to before me by _____ this ____ day of _____.

Witness my hand and official seal.

My Commission expires: _____

Notary Public or Person Authorized to Administer Oath

FOR LIQUOR DIVISION USE ONLY	
Reviewer Initials	Date
Agent:	
Chief:	
Acct:	